

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Radiologist_Assistant,

Staff Category - Associate Staff

Requested Granted

_____ _____ () ASSOCIATE MEDICAL STAFF:

The associate Medical Staff shall consist of physicians, dentists and podiatrists who are being considered for advancement to membership as active or courtesy members of the Medical Staff. They shall be appointed to a specific department and may be appointed to serve on committees. They shall be ineligible to hold office in this Medical Staff organization. However, candidates for active staff status shall have voting privileges and shall accept emergency department coverage assignments.

All associate Medical Staff memberships shall be provisional for a period of one year. Associate membership renewal may not exceed an additional year, following which the failure to advance from associate Medical Staff membership shall be deemed a termination of Medical Staff membership. An associate Medical Staff member whose membership is so terminated shall have hearing rights accorded by the Medical Staff bylaws if the termination is an Adverse Action as defined in the Medical Staff bylaws.

Associate Medical Staff members shall be assigned to a department where their performance shall be evaluated by the chairperson of the department or the chairperson's representative in order to determine the eligibility of such associate staff members for continued Medical Staff membership and for exercising the clinical privileges provisionally granted to them.

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zz.Radiologist_Assistant,

Radiologist Assistant

This registration status allows the applicant to perform the activities granted by the governing body. It does not include membership or membership rights to the Medical Staff.

INITIAL CRITERIA:

To be eligible to apply for registration as a Radiologist Assistant, the applicant must meet the following criteria:

1. Have three years of experience as a general diagnostic radiographer.
2. Hold a current permit to practice as a general radiographer in Iowa.
3. Successfully complete an advanced academic program for Radiologist Assistant which has been formally evaluated and approved by the Iowa State Board of Health.
4. Successfully complete a proficiency examination for a Radiologist Assistant which has been approved by the Iowa Board of Health.
5. Provide proof of current licensure by the respective certifying board.
6. Has executed, as part of the registration agreement, an indemnification statement under which the Radiologist Assistant agrees to hold harmless and indemnify Mercy and its employees from and against any and all claims, suits, demands, and liability due to : (1) wrongful or negligent acts occurring in the course of providing services to Mercy patients and (2) an injury, illness, or condition of the Radiologist Assistant which would have normally been submitted and processed as a workers' compensation claim if the Radiologist Assistant had been an employee of Mercy.
7. Has in effect professional liability insurance coverage and workers' compensation insurance under the employee arrangement with the employer. The Radiologist Assistant acknowledges that (s)he is not an employee of the hospital and is thus not eligible for life, health or accident plans. For the Radiologist Assistant who is employed by a person or entity other than Mercy, the Radiologist Assistant must have coverage under a workers' compensation insurance policy.

REAPPOINTMENT CRITERIA:

To be eligible to renew activities as a Radiologist Assistant, the applicant must meet the following maintenance criteria:

1. Retain the above licensure in order to continue to provide services.
2. Complete 12.0 hours of continuing education each year that must be specific to the discipline or specialty of the Radiologist Assistant's area of practice.

Date: Aug 2006

Revised: Sep 2007, May 2009, Sep 2013

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zz.Radiologist_Assistant,

Clinical Activities

Requested Granted

- | | | | |
|-------|-------|--------|--|
| _____ | _____ | () | Upper GI |
| _____ | _____ | () | Esophagram |
| _____ | _____ | () | Small bowel study |
| _____ | _____ | () | Barium enema |
| _____ | _____ | () | Cystogram |
| _____ | _____ | () | T-tube cholangiogram |
| _____ | _____ | () | Nasoenteric and Oroenteric feeding tube placement |
| _____ | _____ | () | Port injection |
| _____ | _____ | () | Swallowing study |
| _____ | _____ | () | Hysterosalpoingogram (imaging only) |
| _____ | _____ | () | Hysterosalpingogram including preliminary interpretation * |
| _____ | _____ | () | Fistulogram/sinogram |
| _____ | _____ | () | Loopogram |
| _____ | _____ | () | Shoulder injection/aspiration under fluoroscopy * |
| _____ | _____ | () | Joint injection/aspiration under fluoroscopy, knee * |
| _____ | _____ | () | Joint injection/aspiration under fluoroscopy, ankle * |
| _____ | _____ | () | Joint injection/aspiration under fluoroscopy, elbow * |
| _____ | _____ | () | Joint injection/aspiration under fluoroscopy, wrist * |
| _____ | _____ | () | Fluoroscopy of diaphragm * |
| _____ | _____ | () | Joint injection/aspiration under fluoroscopy, hip * |

Signature

I have requested and will exercise only those activities for which by education, training, current experience, and demonstrated performance, I am qualified to perform.

Radiologist Assistant Signature: _____ Date: _____

I have reviewed the requested privileges of the above Radiologist Assistant and attest to the training and experience and/or demonstrated performance of the applicant in these areas.

Physician Signature: _____ Date: _____

*specific privileging criteria or requires evidence of education and experience